

HARVARD MEDICAL ALUMNI BULLETIN

THE DEPARTMENT OF
BIOLOGICAL CHEMISTRY
AFRICAN REMINISCENCES

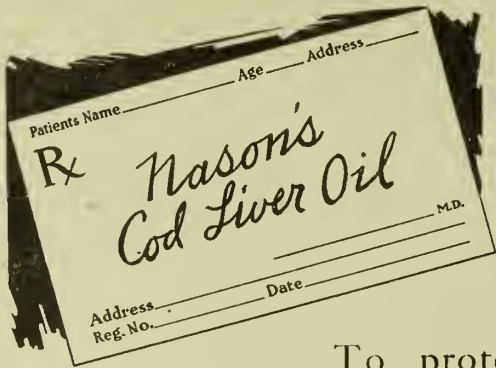


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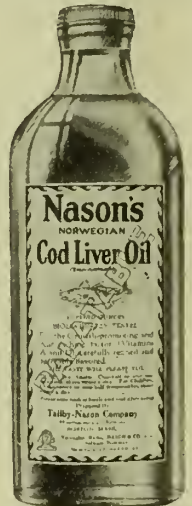
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The Department of Biological Chemistry

THE Department of Biological Chemistry in the Harvard Medical School is probably best known for its work on the subject of blood analysis. This work was begun about twenty years ago, and the research is still being continued. Year by year further improvements are being made in one or another of the methods which are included in the system of blood analysis first published by Folin and Wu, in 1919. During the past two or three years some particularly important changes have been worked out. The change from laked blood filtrates to filtrates from unlaked blood has made all of the different determinations more precise and has supplied a basis for a sharper differentiation between the normal and the abnormal than could be obtained on the basis of the original system of blood analysis.

Since blood analysis has replaced, to a great extent, urine analysis, both for research and for clinical work, it has seemed worth while to try to make the different methods as accurate and convenient as possible. The work has been further expanded so as to include so-called micro methods where only a few drops of blood are needed for each analysis. This expansion was deemed particularly important in connection with determinations of the blood sugar, and the micro blood sugar method seems to have proved equally welcome to research laboratories and to clinicians.

The working out of really good and dependable methods often takes a long time and after the work is finished and revised to the highest degree of perfection it is, often enough, only a modest accomplishment in comparison with the startling discoveries which are still being made in other fields of biochemistry. But such methods represent a sound foundation for sound and continuous progress. The discovery of insulin and the subsequent standardization

of insulin preparations could not have come as they did except for the fact that modern methods had become available for the determination of the blood sugar.

The refinements and improvements in technique which have been to some extent the final objectives in Dr. Folin's work, are but means to an end in the work of Dr. Fiske and his co-workers.

Their work on the isolation and identification of the organic phosphorus compounds of animal tissues, begun in this laboratory a few years ago, has been continued in various directions. The discovery of phosphocreatine, announced in 1927, has led to significant alterations in current conceptions of the chemical mechanism of muscular contraction. Some investigators, meanwhile, have claimed that this substance is present in other tissues also, but on evidence that is inadequate and in some instances wholly unconvincing. Phosphocreatine has not yet been positively identified except in voluntary muscle, and some tissues in which considerable amounts have been reported, unquestionably contain none at all. The difficulty here is that the methods now in general use for the detection and estimation of this substance in muscle, where it occurs in large amounts, may be imperfect or altogether useless when applied to other tissues. In such work chemical technique is without question the foremost consideration, but few whose primary interests lie in other directions are willing to admit that this is so. Methods are being developed in this laboratory which will make it possible to determine whether the substance, present in small amounts in certain tissues and behaving at least in some respects like phosphocreatine, is or is not identical with this substance, and to estimate the quantity where its presence can be definitely established.

Adenosine triphosphate, another new constituent of muscle isolated here, is a complex nucleotide containing three molecules of phosphoric acid, two of which are readily split off, leaving adenylic acid, a product similar to, but not identical with the substance of the same name derived from plant nucleic acid. This reaction also takes place during muscular contraction, so the quantitative estimation of adenosine triphosphate in resting and stimulated muscle, for example, is a matter of some consequence in connection with the further elucidation of the mechanism of this process. Hundreds of analytical data bearing on this point have been reported, chiefly from European laboratories, but they all include two other organic phosphorus compounds with similar properties, and are consequently incorrect. These two substances have now been partially isolated, and their identification will be undertaken as soon as they have been obtained in the pure state. At the same time procedures have been devised for separating them from adenosine triphosphate, so that the accurate determination of the latter substance in muscle is now possible. Methods for following the course of the decomposition of adenosine triphosphate (in which more than fifty products may be formed), including a special analytical scheme for the individual purine bases, have also been worked out.

Adenylic acid can be obtained from several other tissues besides voluntary muscle. By means of methods which have now been devised, it is possible to determine whether in any given case this substance occurs as such, or in some more complex form similar to the adenosine triphosphate of voluntary muscle. A substance either identical with or closely related to adenosine triphosphate has recently been isolated from red corpuscles, and the same technique used in that case is now being applied to other tissues. Adenylic acid in whatever form it may exist has pronounced physiological activity (causing vasodilatation, bradycardia, and in certain species heart block). Since the triphosphate does not pass through the wall of the red cell, it is possible that we

may have here an example of a situation which pharmacologists have sought for some years but have never actually realized, viz., a physiologically active substance which circulates in inactive form but which is capable of becoming active in the tissues in response to appropriate conditions.

Of special interest is the relation of adenylic acid and its derivatives to heart muscle, because of their effects on the blood supply and heart rate, as well as on conduction, suggesting that they are concerned in the normal and pathological physiology of this organ. Analytical procedures for the investigation of this subject are at the present time in process of development.

Another substance isolated for the first time in the course of this series of investigations is glycerophosphoric acid, which has been obtained in the free state from the liver. Here again much time has had to be devoted to the perfection of the analytical technique which is required before steps can be taken to throw light on the physiological significance of any newly discovered constituent of the body. Glycerophosphoric acid being a constituent of lecithin and other lipoids, the further pursuit of this topic should lead to information on the relationship between fat and phosphorus metabolism. One curious outcome of work along this line is the finding that the free glycerophosphoric acid present in the liver is not the same as the glycerophosphoric acid which has been shown by various investigators to be the main non-nitrogenous component of lecithin.

Experiments performed during the last few months have revealed that two organic phosphorus compounds present in the brain are destroyed with great rapidity when the circulation is shut off, in one case complete decomposition being a matter of only a few seconds. It is just such "explosive" reactions that are most likely to be involved in the activity of the central nervous system. The separation and identification of the phosphorus compounds of the brain is now in progress, although it is a question whether samples of brain tissue can be removed and fixed

rapidly enough to give a true picture of its composition during life.

Other tissues so far included within the sphere of these investigations are kidney, pancreas, and spleen. From each of these, one or more new organic phosphorus compounds have been isolated. In all, from the various tissues mentioned, more than a dozen new substances have been separated and are being purified and analyzed with a view to establishing their identity as rapidly as facilities permit.

The method of Fiske and Logan for the determination of minute amounts of calcium has found important applications in determining the calcium in blood.

Dr. Trimble and his co-workers have been less concerned with the refinement of technique than with the application of the latest methods to the study of various problems in metabolism. Their finding that sugar injected into the circulation of an

animal is more freely distributed to the skin than to the skeletal muscles is not without clinical significance. Their studies of the rate of absorption of sugar from the small intestine and their finding that the height to which the blood sugar rises during the first thirty minutes has no specific significance, is of importance in connection with sugar tolerance tests. Their longest and most laborious investigation (not yet published) has been a comprehensive study of the changing picture of the metabolism which sets in after the complete removal of the liver from an animal, including an attempt to find the more immediate cause of its death.

To one of the clinical participants, the findings have suggested leads for the treatment of partial destruction of the liver, as in acute yellow atrophy, and the attempts made in this direction have yielded some encouraging results.

African Reminiscences

By George M. Saunders, M.D., '25.

THERE is an aphorism of the sailors who used to ply the West Coast, the old Guinea Coast, when that part of Africa was known as the white man's grave, "there's two comes out where three goes in." This aphorism flashed through my mind that early June day when I stood leaning over the rail of the "Accra" off the coast of Liberia, striving to see through the rain the long, low, dull-green coast line.

My first West African adventure was about to begin, for we were anchored two miles offshore and the heavy surf boats were bobbing up and down like chips at the ship's side, ready to take off cargo and passengers. On the forward deck a crane was rigged up with a "mammy-chair," an affair with two facing seats slung on a cable. My trunks and boxes were already over the side in one of the boats. I crawled

into the chair, jammed my shiny, new khaki sun helmet down on my head, gathered my slicker about my knees and prepared for the worst. There was a shout to the Kru boy handling the winch, we were yanked into the air, swung wide over the water, lowered with a sickening rush and landed with a great crash squarely in one of the surf boats. I was glad we didn't miss. It was pitching and tossing as if it would capsize any instant. I was wedged between a trunk and a packing case, word was passed along, the dozen nearly naked black boys pulled on their oars, and we started for the white line of surf. The head man who held the steering oar in the stern chanted the cadence, which was echoed every sixth or eighth stroke by a wild shout from the crew who would strain harder than ever at the oars. As we neared the surf the boys grew more and

more excited, their muscles bulged with the strain of each pull, and they echoed the head man's chant oftener, with wild yells as each surge of the following seas brought us closer to the boiling, white water. A wave caught, lifted the stern; the boat swerved as if it would be rolled sideways and over; righted itself as the wave broke; and we went sliding down the wall of water in a smother of foam. We held that wave, through the surf, between two nasty, jagged rocks, and out into the quiet water near the shore. The excitement relaxed; the boys laughed and chaffed one another in their Kru tongue as they leisurely pulled up the quiet bay for the beach.

Liberia, one of the two negro republics of the world, is a Protectorate of the United States. It was founded in 1816 by the American Colonization Society, a philanthropic organization, as a home for freed slaves and other negroes from the States who wished to live in a country of their own. A ship was sent out in that year with a few dozen blacks and a few whites, who landed on an island near what is now Monrovia. But within a year most had died of "fever" and the small settlement languished. In 1818 another ship was sent out, this time with eighty-eight negroes and three whites, but these fared little better than the others, for most of them died in the first year. Again in 1819, and in 1821 ships were sent out and finally a small growing colony was established at Monrovia. Gradually other settlements sprang up along the coast as the original settlers multiplied or were joined by others from the States, and a few of the native blacks began to learn English and to wear clothes. Now the country has probably about 50,000 English-speaking blacks, about 3,000,000 mostly uncivilized, native blacks who live in jungle villages, and perhaps 200 whites. The Americo-Liberians, the so-called civilized, English-speaking negroes who are descendants of the original settlers, and converts from the natives live mostly in towns along the 250

miles of coast line. They manipulate the government, hold offices, pass laws, and stay away from the bush natives as much as possible. Liberia has about 45,000 square miles of territory and lies 4 to 8 degrees north of the equator. Its capital, Monrovia, was named for President Monroe.

Several of the officials from the plantation greeted me when I arrived, for the appearance of a new white face is an event to such a small isolated group. The formality of customs examinations was quickly finished, and we departed for the plantation by car, my baggage to follow later by truck.

I had my first close-up of Monrovia as we passed through. From the sea it had looked trim and neat with its rows of white buildings rising along the low bluff, but now it seemed a litter of disrepair. The buildings, some large and built of stone, were mostly falling to ruin, patched with old boards and palm thatch, or propped up with poles to keep them from falling over. The streets which were laid out to make square city blocks were wide and ambitious but utterly devoid of paving, with outcropping rocks and boulders. There were scattered groups of pigs, many dogs, goats, chickens, wandering disconsolately about in the downpour. The road, which led forty miles out to the plantation, was broad and well surfaced, one of the two roads in the country. Two hours brought us to the edge of the plantation—two hours through the jungle. We passed here and there small native villages of beehive-like houses and occasional groups of natives in their undress of loin cloth, carrying head-loads of various and sometimes curious things, always walking in single file, even though the road was wide enough for eight to walk abreast. One woman had a basket of chickens on her head, another a bag of rice; one man carried a furled umbrella, neatly balanced, with the handle out in front of his face. The umbrella was to keep the sun off and not the rain, hence it was being carried rolled



Main Street, Harper, Cape Palmas

up. After we reached the boundary of the plantation, we travelled for several miles before coming to the main settlement, near the center. There were about 50,000 acres from which virgin jungle had been cleared, now a vast rolling plain, with row on row of straight young rubber trees marching away to the edge of the "high bush." There were about fifty whites running the plantation at the time, most of whom lived at the "Center Site," which we soon reached. The houses, all of the bungalow type, raised about six feet off the ground on concrete pillars, were placed near to the roads leading away from the Center. It was a complete little community with a store, a garage and machine shop, office, a water tower and an electric light and ice plant. The hospital and the doctor's bungalow were located at some distance from the Center, near one of the labor camps.

The plantation manager, the doctor, and I conferred about the medical department most of that afternoon. I learned that there were two plantations, the Du

Group or main one where we were, and the Cavalla Group of about ten thousand acres, located 250 miles down the coast. It was to the latter place I was to go, after I had spent a few weeks at the Du Group getting acclimated to a new life, to succeed a Swiss doctor, hunter, adventurer, mechanic, who was temporarily in charge of the medical activities of the Cavalla Group.

The week which followed I shall never forget, nor yet remember clearly, for there was a whirl of new things, new people, living in a small outpost of civilization with the jungle pressing in on all sides. The rain! It was the beginning of the rainy season and I was told that ten inches fell the first twenty-four hours I was there. Low, scudding clouds would blow over; a perfect deluge would follow for an hour or two, and little trickles of water would become muddy rivers flooding the roads and washing away bridges. Clothes were soggy, shoes became gray with mold overnight. I moved in with the doctor, crawled under my mosquito net to sleep

that first night, to awaken in the morning to see inside my tent a horde of mosquitoes, gorged with blood. I presumed they were *Anopheles*, for they rested with their bodies out at an angle. I sewed up the holes and forgot them for the time.

There were dinners at the house of the group manager, a sturdy, red-faced, canny Scot who had spent years in the East Indies and was an adept at mixing Singapore Slings. At the dinners were the wives of the planters, one an ex-movie queen, all eager to learn about what was happening back home, to talk about their last trip "out", or anticipating a few weeks in Paris on their way back in another six months. At one dinner was Colonel George Warburton Lewis, long, lank, lean Kansan, poet and author of sorts, soldier of fortune since the Boxer Rebellion, one-time friend of Richard Harding Davis, boyish and eager in spite of his shock of gray hair. He was attached to the Liberian Government as Military Advisor from our State Department to look out for the alleged abuses of the natives by the Liberian Frontier Force.

My days were spent mostly at the hospital, which was a long, thatched building with an open veranda. There was a male and a female ward, having about forty beds in all. The laboratory and operating rooms were in a separate building, well screened to keep out the flies. In the morning I looked on while the doctor saw dispensary patients. They came in crowds, for the plantation hospital treated not only its own labor force but countless natives from the surrounding jungle, some of whom came many days' march through the bush to get treatment from the "Big White Medicine Man." Fifty, sixty, sometimes one hundred cases were seen in a morning of such varied things as malaria, dysentery, cataract, fibroids, osteomyelitis, yaws, leprosy, elephantiasis. Quinine and emetine were dispensed freely, great sloughing leg ulcers were cleaned and dressed by the native dresser, an occasional case was told to return to the hospital later

for operation. In the afternoons we operated on cases among the in-patients. Sometimes I assisted and sometimes the doctor would assist me, showing me the technic he had devised for removing scrotal elephantiasis. Together we removed one scrotum which weighed over forty pounds. Our operating costumes were amazing to see, for since it was much too hot to wear many clothes, a face mask, undershirt, and trunks made up the costume. We wore rubber boots which came to the knee, to keep the feet and ankles dry.

Afternoons, when the day's work was finished, we would go to the wireless station to "talk" with the station at the Cavalla Group, to discuss with our Swiss colleague the medical affairs there, and to hear the news from home that Kennedy, the operator, had picked up during the night from the Akron Station. One day a message came through in slow, labored dots and dashes from the native assistant operator at Cavalla, saying that "Rusty," the young white operator, and his wife "Spuds," were both very ill, and "Doc" Bouie would "make talk." I remember the message well, for "Doc" had learned his English (Pidgin-English) on the West Coast: "Radio man and woman bad sick. Maybe malaria, maybe not, maybe die. I wonder what to do." After many messages back and forth the situation became a little, not much, clearer. The young couple had been sick for two days with sustained high fever and abdominal pains and had been delirious at times. Words were passed about careful watching, alcohol rubs, diet, and we signed off until the next afternoon. That afternoon the doctor, the manager, and I were all there at the radio shack ready for the signal at four-thirty. The message came through that things were no better, that the Swiss thought if the patients survived they should be sent home as soon as possible. That settled my immediate action, for I was to get to the Cavalla Group as quickly as I could to see if anything further could be done. How to get there was the next ques-

tion, for steamers were infrequent; to go by surf boat along the coast would take about ten days if it wasn't swamped; and to go across country meant nearly a month on foot and in canoe over a circuitous route through wild, unexplored jungle. Fortunately word had come from Monrovia that very day that the German freighter "Muansa" would put in next day to discharge and load cargo and leave immediately for points further down the coast. I went home that night, packed my tin trunk and bags, and early next morning was headed back for Monrovia to sail on the "Muansa," even though I had to sleep on deck for "points down the Coast."

Once more the surf boat was headed through the white, hissing breakers, soaring and pitching through the rush of foam to win through to the long rolling seas beyond, and to that grim looking hulk that squatted patiently a mile away. The "Muansa" let down her "mammy-chair" and I was swung aloft to the cluttered deck. The captain, a German with a few words of broken English at his command, greeted me and told me I was to share one of the three cabins with an old coaster, a trader named Koch.

The ship was a large one but with few thoughts given to the comfort of those who might have to travel on her. The "first-class" quarters consisted of three very small cabins on either side of the long, narrow saloon, under the officers' quarters, bridge, and wheel house. Fore and aft, the decks were cluttered with derricks, winches, chicken cages, stalls of cattle, a sheep or two, and lifeboats. Scattered here and there were the small metal pots in which the West African native builds his cooking fire, for there were a number of these half-clad savages bound down the coast, who slept in a large common room below decks. At nights the deck would be alight with the glow of their charcoal fires and alive with the buzz of their chatter.

Koch, I found, already more than filled the cabin and when I squeezed in he was lolling in the lower bunk, flowing over the

side of it. He was a large man with a loud booming voice, a German who had traded with the natives up and down the Coast since he had been demobilized from the hospital corps of the German army at the close of the Great War. He welcomed me; helped me stow my various gear under and on top of bunks; told me to call him "Cocky", the name he was known by "for a thousand miles"; and immediately plunged into a long discourse, in a jumble of German and Pidgin-English, of his amorous adventures in Africa. I don't believe he told half the truth, for the last I saw of him that evening he was going down a companionway with a black Venus, playfully patting her posterior.

The ship was in coastwise trade, taking on cocoa, coffee, piasava, rubber, in exchange for cotton, print, machinery, baubles, gew-gaws, and putting in at such places as Sinu, Grand Cess, Sasstown, and Grand Bassa, coasting along for six days over the 250 miles to Harper, Cape Palmas. The heat was oppressive at night, the flies swarmed by day over everything, and made siestas impossible; so it was a long, tedious, stuffy voyage.

About three days out from Monrovia, I was sitting on the officers' deck one afternoon, watching the low shore crawl past, swatting at flies. It was difficult to get comfortable, my back began to ache, soon my head was whirling, and every muscle was groaning with pain as I began to shake and shiver, in the first real chill I had ever experienced. I remembered then only too well, my Anopheline bedfellows of the first night on the Du. Somehow I got myself into my cabin, into my bunk, and lay there taking quinine, cursing the flies and the heat. There was one time when I saw pink goats with long tongues, sitting at my feet, but quinine won out, and the day we were due off Cape Palmas I went on deck again, somewhat trembly in the knees, but eager even for another surf boat ride to get away from the good ship "Muansa."

(To be concluded in the next issue)

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TREASURER'S APPEAL

In order to lay before you the picture of your Association's finances at the present time, I have requested a column in this issue of the BULLETIN. Self-conscious, as many of the readers may be of the fact that they have failed to subscribe this year, the Keeper of the Exchequer hopes this appeal will awaken their enthusiasm, loyalty, and support.

Comparing receipts with last year, we find that 235 fewer Alumni have sent in contributions and that \$984.50 less has been received. Furthermore, if your Council's program is to be completed as originally planned and curtailed, it appears that there will be a deficit of over \$600.00 from this year's operations.

Your Treasurer seeks the loyal support of those Alumni who as yet have not made a contribution, and trusts that sufficient funds may be subscribed to make our curtailed program a success.

Respectfully submitted,

AUGUSTUS THORNDIKE, JR., M.D.,
Treasurer.

JAMES JACKSON AND ALCOHOLIC NEURITIS: A CORRECTION

To the Editor:

In 1887 M. Allen Starr¹ said in his Middleton Goldsmith lectures on Multiple Neuritis, "I think we may claim that one of the first cases presented was by an American Physician, James Jackson in 1822." Osler² wrote in an editorial, "As Dr. Starr remarks, 'We must allude to the vivid description of alcoholic paralysis by that great New England physician James Jackson,' . . . it is scarcely possible at the present day to add to his account of the main features of this important form of multiple neuritis . . ." In the classified, annotated bibliography of Osler³ one may read in reference to this editorial, "on this disease (alcoholic neuritis) *first described*, by James Jackson." Putnam⁴ wrote in 1905 in reference to alcoholic neuritis, "Dr. William Osler long ago called to my attention, in conversation, the accuracy and priority of Dr. Jackson's description."

These quoted remarks, together with other statements, led me to write in my paper on James Jackson on page 28, paragraph 6, in the last issue of this Bulletin, "—alcoholic neuritis—for no one had heretofore described this condition."

Dr. Henry R. Viets has brought to my atten-

Alumni Next fall on the 6th and 7th of
of the October, the Harvard Medical
H. M. S. School will celebrate its 150th
 birthday and all graduates of the School are
 cordially urged to lay their plans to attend
 the exercises on both days. The first day
 will be devoted to clinics at the various hos-
 pitals in the morning; scientific communi-
 cations of various sorts at the Medical
 School in the afternoon; and, following
 dinner at Vanderbilt Hall, addresses in the
 evening. Academic exercises will be held
 in Cambridge on Saturday. These exer-
 cises will reproduce the formal ceremony
 as it was carried out 150 years ago. Grad-
 uates, officers of the School, and other
 dignitaries will pass in procession to Sanders
 Theatre where the commemorative exer-
 cises will be held.

The June issue of the BULLETIN will
 tell of the arrangements in more detail. It
 is hoped that every graduate will now re-
 serve these days on his desk calendar and
 let nothing interfere with his taking part
 in these most important and inspirational
 ceremonies.

tion that Jackson did not first describe alcoholic neuritis because John Coakley Lettson gave on April 3, 1786, before the Medical Society of London, a very pleasing description of this affliction. This was published² in the middle of a paper entitled, "Some Remarks on the Effects of Lignum Quassiae Amarae." Later Lettson also wrote tracts on "hard drinking" which are recorded without full bibliographic reference by various authors. There appear to be at least three⁶ published in 1789, 1791 and 1798 respectively. None of these tracts are in the larger medical libraries of Boston or in the Surgeon General's Library at Washington, and I have not been able to see any one of them. It appears, however, that Lettson described what is now known as alcoholic neuritis in at least two of these tracts.

Lettson's description does not appear to be well known, and even his biographers sometimes do not mention it: for example, Thompson⁷. Payne⁸ wrote regarding Lettson's publications and referring to his paper of 1786, "The most important observation is that on the effects of alcoholic excess on the nervous system in women . . ." Fox⁹, however, notes that Lettson in 1798 "describes the symptoms which are now known to be due to peripheral neuritis." Monographs on multiple neuritis usually refer to Jackson but not to Lettson, and when they do so they refer to one of his later publications and not to the paper presented in 1786. Ross and Bury¹⁰ (1893) and Bury¹¹ (1911) note "admirable descriptions of alcoholic paralysis were given by Lettson in 1789 and James Jackson in 1822."

GEORGE R. MINOT.

¹Starr, M. A. *Med. News*. 1887, 50, 141.

²(Osler, W.) *Med. News*. 1887, 50, 160.

³Bull. No. ix of the Inter. Asso. of Med. Museums and Jour. of Technical Methods, Sir William Osler Mem. No. Priv. issued, Montreal, 1926, p. 524.

⁴Putnam, J. J. A Memoir of Dr. James Jackson. Houghton Mifflin & Co., Boston and New York, 1905, p. 433.

⁵Lettson, J. C. *Mem. Med. Soc. London*, 1779-1787, 1, 128.

⁶Lettson, J. C. (1) *The History of the Effects of Hard Drinking*. 4^o, London. 1789. (Copy in British Museum). (2) *On the Effects of Hard Drinking*. 4^o, 1791. (3) *Hints Respecting the Effects of Hard Drinking*. 1798.

⁷Thomson, St. C., *Trans. Med. Soc. London*. 1918, 41, 1.

⁸Payne, J. F. *Dict. Nat. Biog.* 1885-1922, 11, 1013.

⁹Fox, H. *Dr. John Fothergill and His Friends*. Macmillan & Co., Ltd., London, 1919, p. 103.

¹⁰Ross, J. and Bury, J. S. *On Peripheral*

Neuritis. A Treatise. C. Griffin & Co., London, 1893.

¹¹Bury, J. S. *Multiple Symmetrical Neuritis*. System of Medicine. Ed. by Allbutt, C. and Rolleston, H. D. Macmillan & Co., Ltd., London. 1911, 7, 415.

WILLIAM SYDNEY THAYER

To the Editor:

William Sydney Thayer, A.B. 1885; M.D. 1889; "a New Englander by birth, a Southerner by adoption," stood for all that is superior in medicine. He always maintained a keen interest in the affairs of Harvard University and served as a member of the Board of Overseers for three terms, as a Marshal at the dedication of the Medical School buildings in 1906, and as President of the Harvard Chapter of Phi Beta Kappa. In his later life he took pleasure in frequently alluding to his experiences as a "Medical House Pupil" at the Massachusetts General Hospital. Perhaps the most difficult problem concerning his professional life that he ever had to solve was in 1911, when he declined to be further considered for the James Jackson professorship of clinical medicine and chief of the medical services at the Massachusetts General Hospital. A feeling of duty, so highly developed in the man, caused the decision to continue at Johns Hopkins, where he went as an assistant to Osler in 1890.

As a student and disciple of Osler's, he practiced the principles "The Chief" stood for, constantly teaching others to "observe, record, tabulate, communicate," as Osler taught him. He travelled widely and was recognized internationally as a master physician, receiving many honors from foreign institutions; and much to his liking he was Bright Orator at Guy's Hospital in 1927. The trust American physicians placed in him is reflected by his election as President of various national organizations including the American Medical Association (1928-29). No relatively recent meeting of the Association of American Physicians was complete without Dr. Thayer in a front seat entering freely into the discussions.

Students he regarded as "the best vaccine against age and apathy." By precept and example he skillfully led them to think for themselves. He performed painstaking and accurate physical examinations; no pupil ever saw him use short cut methods. Keen observation and broad clinical experience developed unusual diagnostic ability. His personal charm and scholastic interests were woven intimately into his clinics. He was a master at taking care of the patient and there was laughter and cheer when he visited the sick. Not only was he an able practitioner and skillful teacher, but an investigator. His inquiring mind and creative imagination led to many important contributions to scientific medicine and to the teaching, organization, and history of medicine.

Dr. Thayer's simplicity, joyousness, justice, and wisdom and his consideration for the feelings of his fellow men, evoked a great many intimate friendships. The charm of the man, his greatly diversified character, and his leadership, were intertwined with his many talents and mannerisms. His scholarly training lent a certain finish to his speech and writings which seldom graces the medical literature of today. A passion for the classically correct caused him to protest against certain modernized forms of spelling and to enjoy the use of simple uncommon words. "'Tis with unfeigned pride and gratitude" that he allowed praise about his linguistic ability and the poems he wrote and those he translated from the Russian. As a lover of books he inspired others to read good literature and history. Dr. Thayer fully appreciated the importance of relaxation alternating with concentrated attention and action. He enjoyed vacations with rod and gun. A trend of absent-mindedness lent distinction; the assistant's education was incomplete if he did not know where Dr. Thayer's gloves and wrist watch were apt to be left. Information given Dr. Thayer sometimes caused no response and his next remarks would concern some totally different subject, world affairs or the beauties of

nature, but later in the day he would often make decisions from what had been told him. Certain customs of dress and of formalities of every day living were as much a part of the man as his love and appreciation of the very best of the Humanities.

Dr. Thayer's death marks the passing of a distinguished and lovable representative of the finest traditions and accomplishments of medicine. His name will be preserved for generations to come, and tell them who knew him not, of the flame he kindled for progress in clinical medicine, and of the happiness he brought to a multitude of persons.

GEORGE R. MINOT.

HARVARD MEDICAL SOCIETY OF NEW YORK

This is an active association of 130 alumni of the School who are practicing in this area. Each season there are three meetings held at the Harvard Club, 27 West 44th Street, at which a dinner is followed by an interesting program. Dr. Harlow Brooks gave an illustrated talk on "The American Indian" at the December 7th meeting; Commander Donald B. MacMillan, famous arctic explorer, was the speaker January 28th; and Willard C. Rappleye, '18, Dean of Columbia College of Physicians and Surgeons, will speak to the Society on April 28th on "Post-Graduate Medical Education."

Recent alumni interning in New York hospitals are invited as guests of the Society. Anyone interested in this Society should communicate with the Secretary, Grant P. Pennoyer, '19, 59 E. 54th Street.

CHANNING FROTHINGHAM RESIGNS

The resignation of Channing Frothingham, '06, as Associate Clinical Professor of Medicine in the Harvard Medical School has been accepted to take effect September 1, 1933. He has been a member of the Faculty of the School since 1908. He resigned as physician to the Peter Bent Brigham Hospital, January, 1933 and is now physician at the Faulkner Hospital.

WILLIAM LAMBERT RICHARDSON

The death of Dr. William L. Richardson has removed from our professional life a distinguished figure. He was born on September 6, 1842, at the home of his parents on the corner of Pearl and High Streets in Boston. His father, Jeffrey Richardson, was a prosperous merchant and his mother, who before her marriage was Julia Lambert Brackett, belonged to a well-known Boston family. After his early schooling, young Richardson entered Harvard College in 1860, graduating with the degree of A.B. in 1864. He was elected Secretary of his class and served in this office for sixty-eight years. From college he passed directly to the Harvard Medical School from which he graduated with the degrees of A.M. and M.D., in 1867. Immediately thereafter he went abroad to complete his medical studies, which he pursued in Vienna and at the Rotunda Hospital in Dublin, bringing back from these two cities the latest of progress in German and Irish obstetrics.

Beginning the practice of Medicine in Boston in 1868, Dr. Richardson was the first to be appointed to the staffs of the Massachusetts General Hospital, the Children's Hospital, and the Boston Dispensary. Among his coevals he was one of the first to specialize in obstetrics, and in 1873 he resuscitated the old Boston Lying-in Hospital, then located in a single brick building on McLean Street. In 1875 he became secretary of the State Board of Health and served in this capacity for several years. In 1871 he was appointed Instructor in Obstetrics at the Harvard Medical School, became Assistant Professor in 1882, and Professor in 1886.

Among Dr. Richardson's manifold activities, it was his association with the Boston Lying-in Hospital which constituted his out-standing life work and it is with this institution that his memory is chiefly identified. He worked unceasingly at the hospital and for its interests. The building on McLean Street was progressively enlarged and remodelled under his foster-

ing care. In 1888 its Training School for Nurses was established. Finally in 1922 the hospital was removed to its new building on Longwood Avenue, opposite the Harvard Medical School, and at this time, after fifty years of service, Dr. Richardson became President *Emeritus* of its Board of Overseers. During this half century of his active connection with the Hospital, there were 75,000 patients and 291 doctors served as obstetric house officers. It was Dr. Richardson's ambition to make this institution not only a place of service to the community but one of the great obstetric hospitals of the world, and in this he succeeded as he did in virtually everything he undertook. As a result of his devotion and that of his associates, the Boston Lying-in Hospital ranks today with such institutions as the Dublin Rotunda, Queen Charlotte's Hospital in London, and the Sloane Maternity of New York.

Throughout his long connection with the Lying-in Hospital, Dr. Richardson carried on the teaching of obstetrics in its wards and in the Harvard Medical School. In addition to his professorial duties, he served as Dean of the Medical School from 1893 to 1907, and as Dean of the Faculty of Medicine from 1899 to 1907. Upon his retirement from active teaching in the latter year, he was made Professor of Obstetrics *Emeritus*. From 1909 to 1915 he served on the Board of Overseers of Harvard College and in 1926 received the honorary degree of S.D. from this University.

As one of the collateral activities of his life, Dr. Richardson was extremely interested in military affairs and for thirty-five years, from 1870 to 1905, served as Surgeon of the First Corps of Cadets, Massachusetts Volunteer Militia. He was a member of many medical and scientific societies. For thirty years Dr. Richardson was treasurer of the Benevolent Society and it was chiefly due to his sagacious administration of its funds that the society has been able to render its extensive assist-

ance to destitute physicians and their dependents.

After a lifetime thus filled with constructive activity and service, Dr. Richardson withdrew at the close to the seclusion of his home and the companionship of a few old and intimate friends; and with relatively little physical disability he died quite suddenly and without suffering on October 20, 1932, in his ninety-first year.

R. M. G.

WILLIAM SYDNEY THAYER

In the death of Dr. William Sydney Thayer, which occurred on December 10, 1932, Harvard lost a loyal and distinguished alumnus. Graduating from the University in the class of 1885 and from the Medical School in 1889, he served as Medical House Officer at the Massachusetts General Hospital, before going abroad for an extended period of study. Upon his return he joined Doctor Osler's Staff at the Johns Hopkins Hospital, with which Hospital and Medical School he retained his connection until his death. Here his record was one of achievement and he advanced from Resident Physician to Professor of Medicine and Professor *Emeritus*.

Doctor Thayer's contributions to the science of medicine were outstanding, especially in malaria, diseases of the heart and the circulatory system, including the blood. In his chosen field of Clinical Medicine he had few equals and no superiors, and was generally regarded as the leading clinician of this country. He was an excellent diagnostician, an inspiring teacher, and was much sought after as a consultant. He was a diligent student, of broad culture, widely read, and with many and varied interests.

During the World War, as Brigadier General, he served with distinction in France as Chief Consultant in Medicine in the A. E. F. For his services there he was the recipient of various decorations from this and others of the allied countries.

In the death of Dr. Thayer, his many

friends and patients to whom he was devoted, his Alma Mater which he served faithfully and well as Overseer, his profession which he signally adorned, and his country which he whole-heartedly served, all have met with an irreparable loss. Humanity, so enriched by his living, is the poorer by his going.

J. M. T. F.

WILLIAM PHILLIPS GRAVES

Dr. William P. Graves, W. H. Baker Professor of Gynaecology, *Emeritus*, died of endocarditis on January 25, 1933, at his home in Boston, after a brief illness.

He was born in Andover, Massachusetts on January 29, 1870, the son of William Blair and Luranah Copeland Graves. His middle name was given him in honor of Phillips Academy, with which his father was associated at the time; and in 1881 he entered the Academy, graduating with the rank of *salutatorium*. He entered Yale in the fall of 1887; and he played on the varsity football and baseball teams until an injury in his junior year prevented his further participation. He was an editor of the Yale Record for four years, being editor-in-chief in his senior year.

Immediately after graduating in 1891, he received an appointment as teacher at the Hill School in Pottstown, Pennsylvania. His summers were spent in private tutoring. In 1893-94 he took graduate courses at Harvard in Art, European History, French and Italian. Returning to the Hill School in 1894, he was offered the position of vice-director, but he had determined to study medicine and become a surgeon. He entered the Harvard Medical School in the fall of 1895.

During his second year in the Medical School, although he won a scholarship, his money gave out and he had to do more tutoring, and it was at this time that he caught scarlet fever while doing an autopsy. During his third and fourth years he continued to support himself by tutoring; yet he graduated at the head of his class with a *summa cum laude*.

He was surgical house officer on the

East Surgical Service at the Massachusetts General Hospital from April, 1899 to August, 1900.

On October 10, 1900 he married Alice Myrick Chase, daughter of Sidney and Ella Merrihew Chase of Boston. He and his wife spent the next year abroad, Dr. Graves studying pathology in Vienna under Dr. Störk. Returning to Boston, he became associated in May, 1902 with the Free Hospital for Women, which had been developed by Dr. William H. Baker, who was still the chief surgeon. There had never been a pathological laboratory in this hospital and Dr. Graves was asked to organize one. Before doing this he studied three months at Johns Hopkins under Cullen, Sampson and Kelly.

In 1903 he was appointed to the outpatient department and in 1905 he became an assistant in gynaecology at the Harvard Medical School. In 1908 he was appointed Surgeon-in-chief at the Free Hospital for Women, which position he held until January 1, 1933, when he retired because of the age limit. In 1911 he was appointed Professor of Gynaecology at the Harvard Medical School; in 1927 he was appointed to the new chair of W. H. Baker Professor of Gynaecology; and in 1933 he became Professor *Emeritus*.

In 1927 he was guest of honor at the British Congress of Obstetricians and Gynaecologists and on December 5, 1932, he was the first American to receive Honorary Fellowship in the British College of Obstetrics and Gynaecology. In June, 1932, he received the honorary degree of S.D. from Boston University and was made a member of Sigma Xi and the Alpha Omega Alpha Societies.

In 1916 the first edition of his well-known textbook of Gynaecology was published. This book is remarkable not only for the quality of its text but also because all the illustrations, which are of exceptional merit, were drawn by the author. At the time of his death he was engaged in preparing the fifth revision.

His interests were many and diverse. Whatever subject occupied his attention was most thoroughly investigated, and whatever he learned was put in writing. Thus at one time he became interested in golf and worked out for himself a complete analysis of the stroke, wrote it out and presented it at a meeting of the Bigelow Club, demonstrating his ideas himself and showing many pictures on the screen.

During the last few years of his life he knew that his heart was not right but he allowed no hint of this to reach his friends and continued his work. In July, 1932 he bought a farm in Pepperell and was planning to spend much time there after his retirement from the Hospital and Medical School. He is survived by his wife, two sons, Sidney Chase and William Phillips, Jr. and one daughter, Alice. His mother is living in Mansfield and his brother, Henry S. Graves, is a professor in the Yale Forestry School.

The twenty-five years during which he was in charge of the Free Hospital for Women and the twenty-two years of his professorship at the Harvard Medical School, have witnessed enormous expansion in the standing of this hospital in the community. Large sums of money have been bequeathed to it, making possible additions to its physical plant and its endowment, thus providing facilities for taking care of a larger number of patients. Dr. Graves' outstanding skill as a surgeon has given the hospital a national reputation and his interest in research stimulated the endowment of a research laboratory, which in its four years of activity has produced noteworthy results. Over ten years ago the Free Hospital acquired, through the efforts of Dr. Graves, an adequate amount of radium for the treatment of cancer. The problems connected with the causes and treatment of this disease have been under constant investigation and the hospital has contributed its share of new knowledge. The collection of specimens in the pathological laboratory, carefully classified and indexed, provides invaluable material for

teaching and research. The teaching of gynaecology in the Harvard Medical School has been more and more concentrated in the Free Hospital, so that now more than half of it is given there. This noteworthy development is a monument to his industry, enthusiasm and ability.

R. G. W.

NECROLOGY

'58-'61—HENRY PICKERING WALCOTT died at Cambridge, Mass., November 11, 1932. He was for thirty years a trustee of the Massachusetts General Hospital.

'64-'65—CHESTER MANNING FERRIN died at Burlington, Vt., September 28, 1932. At the time of his death he was one of the oldest physicians in New England.

'67—WILLIAM JOHNSON CLARKE died at Milford, Mass., January 17, 1933.

'66-'67—EDWIN D. JAKUES died at South Berwick, Me., December 17, 1932.

'69—JOHN BRYDEN KENT died at Larchmont, N. Y., October 12, 1932.

'75-'76—ALFRED BROWN HEATH died at New York City, December 4, 1932.

'80—HENRY PERCY JAKUES died at Framingham, Mass., November 14, 1932.

'80—GEORGE HOWARD MONKS died at Boston, January 26, 1933. After serving a surgical internship at the M. G. H., Dr. Monks studied for four years in Vienna and other continental medical centers. In 1884 Dr. Monks began practising surgery in Boston and was appointed district physician of the Boston Dispensary. Later he was visiting surgeon to the Carney Hospital, and in 1890 he entered the Boston City Hospital, of which he became surgeon-in-chief in 1910 and consulting surgeon in 1914. He was lecturer on surgery at the Harvard Medical School from 1886 to 1914 and was connected with the Dental School from 1886 to 1926, when he became Professor of Oral Surgery *emeritus*. He was active in surgical and medical societies holding the presidency of many.

'79-'81—CHARLES ELLIOT AMSDEN ROSS died at Newton, Mass., January 10, 1933.

'81—WILLIAM FRANKLIN TEMPLE died at Boston, February 2, 1933.

'83—FREDERIC MELANCTHON BRIGGS died at Boston, December 18, 1932. He was for many years Professor of Clinical Surgery at the Tufts Medical School and also on the staff of the Boston Dispensary.

'83—FRANKLIN ASAPH DUNBAR died at Bonita, Cal., August 22, 1932.

'87—GEORGE HILLS FRANCIS died at Brookline, Mass., January 1, 1933.

'92—OSCAR HOWE HOLDER died at New

York City, January 14, 1933. He specialized in diseases of the skin and had been an assistant in dermatology at the New York University and Bellevue Medical School.

'92—SAMUEL HORACE LITTLEFIELD died at Brookline, Mass., February 8, 1933.

'95—FRED STEVENS SMITH, died at North Andover, Mass., November 2, 1932.

'96—WILLIAM FRANCIS DONAHUE died at Watertown, Mass., December 28, 1932.

'97—ARTHUR NICHOLSON BROUGHTON died at Boston, December 3, 1932.

'98—CHARLES MARTIN BLODGETT died at Canaan, N. H., February 1, 1933.

'99—ROBERT SOUTTER died at Boston, February 21, 1933. At the time of his death he was surgeon-in-charge at the Massachusetts Hospital for Cripples, associate surgeon to the Children's Hospital, and surgeon to the Long Island Hospital. He had served for 20 years as instructor in orthopedic surgery at the Harvard Medical School. He was a member of many scientific organizations in this country and abroad.

'04—HARRY FINKELSTEIN died at Boston, February 3, 1933.

'07—JOHN WILLIAM CAHILL died at Worcester, Mass., January 15, 1933.

'14—ALSOBERRY KAUMU HANCHETT died at Honolulu, Hawaii, October 6, 1932.

'24—WARREN LINCOLN JOHNSON died at Jamaica, Plain, Mass., November 27, 1932.

'30—WALTER FITZGERALD died at New York City, January 25, 1933.

ALUMNI NOTES

'79—Walter P. Bowers read a paper on "Discussion of the Final Report of the Committee on the Cost of Medical Care" at the January meeting of the Lawrence (Mass.) Medical Club.

'86—Charles L. Scudder recently resigned the Chairmanship of the General Committee on the Treatment of Fractures of the American College of Surgeons. He is still a member of that committee in charge of Regional Groups.

'87—Howard Lilienthal was made a Membre Correspondant Etranger of the Societe Nationale de Chirurgie de Paris at its meeting Dec., 1932.

'88—A dinner in honor of William B. Coley to note his 71st birthday and his retirement as attending surgeon at the Memorial Hospital, New York City, after 40 years' service, was given at the Waldorf Astoria Hotel in New York on January 12, with 350 guests attending. The speakers included Frederick S. Jones, dean *emeritus* of Yale College, Dr. John M. T. Finney of the Johns Hopkins Hospital, Dr. Charles H. Mayo of the Mayo Clinic, Dr. George D. Stewart of New York, and Dr. James Ewing, Director of the Memorial Hospital. Dr.

